
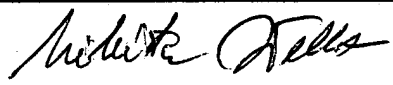
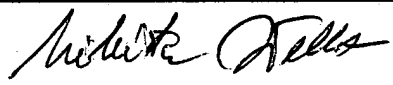
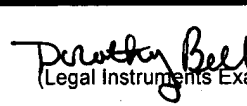
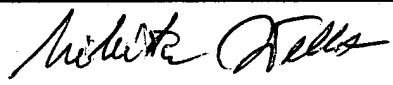


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|--|--------------------------------|--|--|--|
| Issue Classification  | Application/Control No. | | Applicant(s)/Patent under Reexamination | |
| | 10/798,376 | | FREIDHOFF, CARL B. | |
| | Examiner | | Art Unit | |
| | Nikita Wells | | 2881 | |

| ISSUE CLASSIFICATION | | | | | | | | | | |
|---|----------|--|--|---|-----------------------------------|--|-----|--|--|--|
| ORIGINAL | | | | CROSS REFERENCE(S) | | | | | | |
| CLASS | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | |
| 250 | 294 | | | 250 | 281 | 427 | 299 | | | |
| INTERNATIONAL CLASSIFICATION | | | | | | | | | | |
| H01J | 49128 | | | | | | | | | |
| B01D | 59144 | | | | | | | | | |
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| | / | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <i>(Assistant Examiner)</i> <i>(Date)</i> </div> <div>  NIKITA WELLS PRIMARY EXAMINER <i>(Primary Examiner)</i> </div> <div> Total Claims Allowed: 20 </div> </div> | | | | <div style="display: flex; justify-content: space-between;"> <div> <i>(Assistant Examiner)</i> <i>(Date)</i> </div> <div>  NIKITA WELLS PRIMARY EXAMINER <i>(Primary Examiner)</i> </div> <div> Total Claims Allowed: 20 </div> </div> | | | | | | |
| | | | | <div style="display: flex; justify-content: space-between;"> <div>  Dorothy Beel <i>(Legal Instruments Examiner)</i> </div> <div> 01/03/06 <i>(Date)</i> </div> </div> | | | | | | |
| | | | | <div style="display: flex; justify-content: space-between;"> <div>  NIKITA WELLS PRIMARY EXAMINER <i>(Primary Examiner)</i> </div> <div> 01/03/06 <i>(Date)</i> </div> </div> | | <div style="display: flex; justify-content: space-between;"> <div> O.G. Print Claim(s) 1 </div> <div> O.G. Print Fig. 7(a) </div> </div> | | | | |

| | | | | | | | | | | | | | | | |
|---|----------|-------|----------|------------------------------|----------|-------|----------|-------------------------------|----------|-------|----------|---------------------------------|----------|-------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | | | <input type="checkbox"/> T.D. | | | | <input type="checkbox"/> R.1.47 | | | |
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| | 1 | 11 | 31 | | 61 | | 91 | | 121 | | 151 | | 181 | | |
| | 2 | 12 | 32 | | 62 | | 92 | | 122 | | 152 | | 182 | | |
| | 3 | 13 | 33 | | 63 | | 93 | | 123 | | 153 | | 183 | | |
| | 4 | 14 | 34 | | 64 | | 94 | | 124 | | 154 | | 184 | | |
| | 5 | 15 | 35 | | 65 | | 95 | | 125 | | 155 | | 185 | | |
| | 6 | 16 | 36 | | 66 | | 96 | | 126 | | 156 | | 186 | | |
| | 7 | 17 | 37 | | 67 | | 97 | | 127 | | 157 | | 187 | | |
| | 8 | 18 | 38 | | 68 | | 98 | | 128 | | 158 | | 188 | | |
| | 9 | 19 | 39 | | 69 | | 99 | | 129 | | 159 | | 189 | | |
| | 10 | 20 | 40 | | 70 | | 100 | | 130 | | 160 | | 190 | | |
| | 11 | | 41 | | 71 | | 101 | | 131 | | 161 | | 191 | | |
| | 12 | | 42 | | 72 | | 102 | | 132 | | 162 | | 192 | | |
| | 13 | | 43 | | 73 | | 103 | | 133 | | 163 | | 193 | | |
| | 14 | | 44 | | 74 | | 104 | | 134 | | 164 | | 194 | | |
| | 15 | | 45 | | 75 | | 105 | | 135 | | 165 | | 195 | | |
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| | 18 | | 48 | | 78 | | 108 | | 138 | | 168 | | 198 | | |
| | 19 | | 49 | | 79 | | 109 | | 139 | | 169 | | 199 | | |
| | 20 | | 50 | | 80 | | 110 | | 140 | | 170 | | 200 | | |
| 1 | 21 | | 51 | | 81 | | 111 | | 141 | | 171 | | 201 | | |
| 2 | 22 | | 52 | | 82 | | 112 | | 142 | | 172 | | 202 | | |
| 3 | 23 | | 53 | | 83 | | 113 | | 143 | | 173 | | 203 | | |
| 4 | 24 | | 54 | | 84 | | 114 | | 144 | | 174 | | 204 | | |
| 5 | 25 | | 55 | | 85 | | 115 | | 145 | | 175 | | 205 | | |
| 6 | 26 | | 56 | | 86 | | 116 | | 146 | | 176 | | 206 | | |
| 7 | 27 | | 57 | | 87 | | 117 | | 147 | | 177 | | 207 | | |
| 8 | 28 | | 58 | | 88 | | 118 | | 148 | | 178 | | 208 | | |
| 9 | 29 | | 59 | | 89 | | 119 | | 149 | | 179 | | 209 | | |
| 10 | 30 | | 60 | | 90 | | 120 | | 150 | | 180 | | 210 | | |